

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: IKEDA, Shigeyuki
Serial No.: Not yet assigned
Filed: June 28, 2004
For: X-RAY DIAGNOSIS APPARATUS

INFORMATION DISCLOSURE STATEMENT
UNDER 37 CFR 1.97 & 1.98

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

June 28, 2004

Sir:

In the matter of the above-identified application, applicants are submitting herewith a copy of a communication from a foreign patent office in a counterpart foreign application and copies of the documents listed in the attached form equivalent to Form PTO-1449 for the Examiner's consideration.

This information disclosure statement is being submitted with the new application.

Although the documents listed on the attached form equivalent to Form PTO-1449 are not in the English language, the requirement of 37 CFR 1.98(a)(3) for a concise explanation of relevance is satisfied by an English language version or translation of the foreign patent office report citing the documents.

It is respectfully requested that this information disclosure statement be considered by the Examiner.

Please charge any shortage in the fees due in connection with the filing of this paper, including extension of time fees, to the deposit account of Antonelli, Terry, Stout & Kraus Deposit Account No. 01-2135 (Case: 1295.43993X00), and please credit any excess fees to such deposit account.

Respectfully submitted,

ANTONELLI, TERRY, STOUT & KRAUS LLP



Melvin Kraus
Registration No. 22,466

MK/alb
(703) 312-6600
Attachments

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449A/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i>			Complete if Known	
			Application Number	
			Filing Date June 28, 2004	
			First Named Inventor IKEDA, SHIGEYUKI	
			Art Unit	
			Examiner Name	
Sheet 1	of 2	Attorney Docket Number 1295.43993X00		

U.S. PATENT DOCUMENTS						
Examiner Initials ¹	Cite No. ¹	Document Number		Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number-Kind Code ² (if known)				
		US-				
		US-				
		US-				
		US-				
		US-				
		US-				
		US-				
		US-				
		US-				
		US-				
		US-				
		US-				
		US-				
		US-				
		US-				
		US-				
		US-				
		US-				
		US-				

FOREIGN PATENT DOCUMENTS							
Examiner Initials ¹	Cite No. ¹	Foreign Patent Document		Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ⁶
		Country Code ³ -Number ⁴ -Kind Code ⁵ (if known)					
		JP 7-236093		09/05/1995	Toshiba Medical Engineering Kabushiki Kaisha		
		JP 7-250283		09/26/1995	Hitachi Medical Group		
		JP 7-72254		03/17/1995	FujiPhoto Film Co., Ltd.		

Examiner Signature		Date Considered	
-----------------------	--	--------------------	--

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. 1 Applicant's unique citation designation number (optional). 2 See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. 3 Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). 4 For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. 5 Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. 6 Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Examiner Signature		Date Considered	
--------------------	--	-----------------	--

¹Include a copy of this form with non-communicable diseases applications. ²Applicant's unique citation designation number (optional). ³Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.